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POWER OF ATTORNEY and ORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/743201			
	Filing Date	12/22/2003			
	First Named Inventor	Kiritheran Parankirinanthan			
	Title	Method of Calculating Premium Payment to Cover the Risk Attributable to Insureds Surviving a Specified Period			
	Art Unit				
	Examiner Name				
	Attorney Docket Number	LECPRV1			

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Address		30 Glen Terrace							
City		Stamford		State	СТ	Zip	06906		
Country		US							
Telephone		203 975 7678		Fax	203 973 0010				
I am the: X Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name Kiritharan Parankirinanthan									
Signature P. U. Y. C.									
Date June 1, 2004					Telephone	203	746 0559		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more then one signature is required, see below.									
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